

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/27/2018
NAME OF PROVIDER OR SUPPLIER HARRY AND JEANETTE WEINBERG CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 45-090 NAMOKU ST Kaneohe, HI 96744		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
4 000	Initial Comments A federal recertification and relicensing survey was conducted on July 24, 2018 through July 27, 2018 by the Office of Healthcare Assurance (OHCA). The census was 38.	4 000		
4 170	11-94.1-42(h) Physician services (h) The facility shall promptly notify the physician, physician assistant, or APRN of any accident, injury, or change in the resident's condition. This Statute is not met as evidenced by: Based on record review, and interview, the facility failed to immediately inform resident's physician of a significant change in resident's physical status, a weight loss of 7.6% in one month. The deficient practice affected one resident (R)4, and did not result in harm to the resident. Findings include: Review of the record reflected the following weight's for R4: 153.2 lbs on 04/19/18; 145.6 lbs on 05/22/18; 152 lbs on 06/25/18 and 140.4 lbs on 07/24/18 indicating a 7.6% loss in the past month. During an interview with staff (S)82 on 07/26/18 at 10:11 AM who was asked what a significant weight change is? S82 said that the facility's policy and procedure defines that a three percent weight loss is a significant weight change. The procedure is the re-weight of the resident, and add that resident to a group of residents identified with nutritional concerns. S82 stated that she was aware of R4's weight loss although did not update the care plan.	4 170	What corrective action will be accomplished for those residents found to have been affected by the deficient practice: On 7/26/18, the charge nurse notified R4's physician via telephone of resident's weight loss and of the Registered Dietitian's recommendations for additional nutritional interventions, these were documented in the resident's medical record. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: All current residents will be reviewed for significant weight change (defined as 5 percent in 30 days, 7.5 percent in 90 days and 10 percent in 180 days) to ensure that physicians were properly notified of any significant weight loss. The physician for any resident identified as having a significant weight change will be notified. What measure will be put into place or	9/21/18

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

09/07/18

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4 170	Continued From page 1 S82 stated that the facility notifies the physician when there is a five percent weight change. Per protocol the nurse reports the weight changes to the physician. S82 then searched the electronic health record and confirmed that there was no documentation that the nurse notified the physician of the change in physical status, or physician documentation that acknowledged that the weight loss was communicated. Review of the record on 07/26/18 at 11:15 AM reflected that the weight change was not communicated to the physician and no new orders from the physician were noted.	4 170	what systematic changes you will make to ensure that the deficient practice does not recur: -Per facility policy, significant weight change is defined as 5 percent in 30 days, 7.5 percent in 90 days and 10 percent in 180 days. The licensed nurse will notify the director of food and nutrition (DFN) within 24 hours regarding any significant weight change. The licensed nurse will immediately notify the medical provider regarding any significant weight change. -The Director of Nursing and Staff Development Nurse will provide training on the notification process for significant weight change. -A focus audit was developed to address resident significant weight change. The focus audit will be used as a structured format when a significant change in a resident's weight has occurred. This focus audit will be conducted, by the DON or designee weekly for 4 weeks, monthly for 2 months, and quarterly for 3 quarters. How the corrective action will be monitored to ensure the deficient practice will not recur. The audits will be reviewed by the Quality Assurance Committee monthly for compliance, trends and recommendations as needed. The Quality Assurance Committee will use the Model for Improvement for any identified opportunities for improvement.	
4 173	11-94.1-43(a) Interdisciplinary care process (a) A comprehensive assessment shall be	4 173		9/21/18

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4 173	<p>Continued From page 2</p> <p>completed for each resident by an interdisciplinary team at least annually and updated as appropriate, based on the resident's condition.</p> <p>This Statute is not met as evidenced by: Based on record review the facility failed to accurately assess one resident (R22's) dental status on the comprehensive assessment dated 06/6/18. Dental was not coded for loose or broken dentures.</p> <p>During an observation on 07/25/18 at 10:09 AM R22 was talking and his top denture was loose "flapping" up and down while he was talking. R22 stated that his denture often comes loose and he needs to put more glue on it, it usually stays pretty well.</p> <p>Review of the MDS admission assessment with an assessment reference date (ARD) of 06/06/18 Section C: Brief interview for mental status (BIMS) was coded 13. Section D: Poor appetite coded yes. Section G: Eating requires supervision. Section K: swallowing/ nutritional status: Height is 68 inches and weight is 128. Section L: loosely fitting or broken full or partial dentures is coded No. Care area assessment (CAA) Dental is triggered no.</p> <p>Review of the Care plan dated 06/04/18 revealed that R22 has potential nutritional problem due to the need for mechanically altered diet related to poor condition of dentures; body mass index (BMI) is 19.2 and advanced age. Resident has order for a texture modified diet, weigh weekly or as needed. Reweigh if 5% weight changes occur. Provide daily select menu at breakfast meals. Assorted juice 120 ML Review of the</p>	4 173	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice: The MDS admission assessment with the ARD of 6/6/18 was modified to accurately reflect the presence of loose dentures.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: Section L of each current resident's most recent MDS assessment will be reviewed to ensure accuracy. If inaccuracies are identified, the MDS assessment will be modified.</p> <p>What measure will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur: -Review with the MDS Coordinator the section of the RAI manual correlating with the completion of Section L0200 of the MDS, emphasizing the importance of accurately coding the MDS. -A focus audit was developed to address accurate coding of section L of the MDS. The focus audit will be used as a structured format to promote accurate coding. This focus audit will be conducted, by the DON or designee weekly for 4</p>	

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4 173	Continued From page 3 intake sheet revealed that R22 refused juice on seven out of 18 times between 07/13/18 to 07/26/18 (Juice). During an interview on 07/27/18 at 09:20 AM with S42 who stated, I didn't realize that R22 had a loose fitting denture at the time of his assessment, I see him and talk with him every morning and I never noticed it and he never mentioned it. I wasn't aware that it is on the care plan.	4 173	weeks, monthly for 2 months, and quarterly for 3 quarters. How the corrective action will be monitored to ensure the deficient practice will not recur. The audits will be reviewed by the Quality Assurance Committee monthly for compliance, trends and recommendations as needed. The Quality Assurance Committee will use the Model for Improvement for any identified opportunities for improvement.	